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TEXAS INSTRUMENTS
FAX COVER SHEET

May 23, 2007

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FROM: Peter K. McLarty	TO: Central Fax
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PHONE NUMBER: (972) 917-4258	PHONE NUMBER:
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Re: Appeal No. 2007-1234
Application No. 10/017,990

Waiver of Attendance at Oral Hearing

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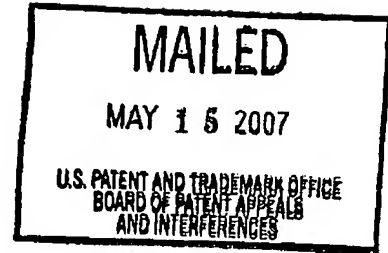
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UNITED STATES PATENT AND TRADEMARK OFFICE

Board of Patent Appeals and Interferences



F31214

TEXAS INSTRUMENTS
INCORPORATED
P O BOX 655474, M/S 3999
DALLAS, TX 75265

Appeal No: 2007-1234
Appellant: Xiaoju Wu et al.
Application No: 10/017,990 -
Hearing Room: B
Hearing Docket: B
Hearing Date: Tuesday, July 10, 2007 -
Hearing Time: 09:00 AM
Location: Madison Building - East Wing
600 Dulany Street, 9th Floor
Alexandria, Virginia 22313-1450

**NOTICE OF HEARING
CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS**

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquiries, please contact the Clerk of the Board at 571-272-9797.

The application involved in this appeal has been published. Accordingly, the hearing in this appeal is open to the public.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

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In all communications relating to this appeal, please identify the appeal by its number.

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Signature of Attorney/Agent/Appellant Date Registration No.

Names of other visitors expected to accompany counsel: _____

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